



ANIMAL CONTROL APPLICATION
BACKYARD CHICKENS
TYPE OR PRINT IN INK ONLY

CP #

Parcel ID#

CITY OF DELTONA
BUILDING AND ENFORCEMENT SERVICES
2345 PROVIDENCE BLVD
DELTONA, FL 32725
Telephone (386)-878-8701 Fax (386)-789-7237

FOR INSPECTION CALL (386) 878-8701
Monday – Friday
8:00 a.m. to 5:00 p.m.

THIS APPLICATION IS VALID FOR ONE WEEK ONLY IF NOT
INSPECTED

Owner's Name

Telephone– Include Area Code

Project Address – Include City & Zip

Number of Backyard Chickens to be kept at the permit address (5 maximum):

PLEASE AKNOWLEDGE THE FOLLOWING PROVISIONS:

I understand that if the requirements of the Ordinance No. 10-2016 are not complied with, the City may revoke any permit granted and/or initiate prosecution for a civil infraction violation. _____ Initial

I understand that private restrictions on the use of property shall remain enforceable and take precedence over this permit. Private restrictions include but are not limited to deed restrictions, neighborhood association by-laws, and deed covenants. _____ Initial.

I understand that the issuance of this permit is subject to a compliance inspection by the Department of Building and Enforcement Services and by initialing this provision I am allowing accessibility and allowable entry for such inspection. _____ Initial

I understand that fence construction is subject to all provisions of the current Fence Code and shall be permitted separately. _____ Initial

I understand that the chicken coop shall be situated a minimum of 10 feet from the rear property line and 6 feet from the side property lines. _____ Initial

I agree to comply with the Municipal Ordinance No. 10-2016 and with the conditions of this permit; I understand that the issuance of the permit creates no legal liability; express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all of the above information is accurate. _____ Initial

I understand that the Officer will inspect the property no later than one (1) week after the Application to verify if the permit is in compliance with the requirements. If you fail the inspection, this permit will be revoked. _____ Initial

I understand that this Application will expire in one (1) week of issuance if the inspection is not requested. _____ Initial

I understand that Permits are non-transferable and may not be sold or assigned. _____ Initial

**NON-REFUNDABLE
APPLICATION FEE:
\$25.00**

Signature of Applicant

Date

STATE OF FLORIDA, COUNTY OF _____

Affirmed and subscribed before me this _____ day of _____, 20____ by _____ who is
Personally known to me or who has produced _____ (type of ID) identification.

Signature of Notary Public State of Florida

Print, Type or Stamp Name of Notary

(SEAL)

FOR OFFICE USE ONLY

PERMIT RECEIVED BY _____ DATE _____
PERMIT INSPECTED BY _____ DATE _____

APPROVED _____ NOT APPROVED _____

DATE _____